

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

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State of California
Department of Consumer Affairs
Arnold Schwarzenegger, Governor



APPLICATION FOR ADVANCED PRACTICE CERTIFICATION

(Please read the Information Sheet before completing the application and print or type all information.)

(Indicate the advanced practice area(s) for which you are applying.)

- ☐ Hand Therapy
- ☐ Physical Agent Modalities
- ☐ Swallowing Assessment, Evaluation and Intervention

Board Use Only

Note: If you were certified by the Hand Therapy Certification Commission (HTCC) before December 31, 2003, you qualify for advanced practice certification in Hand Therapy and Physical Agent Modalities. Complete Sections I and II of the application and send it and a copy of your HTCC certificate to the Board. **You do not need to submit a written portfolio.**

Section I: Personal Data (Please Complete All Boxes)

A. Last Name		B. First Name		C. Middle Name
D. Residence Address (Street No., Apt No.)		City	State	Zip Code
E. OT License Number	F. Home Telephone Number ()	G. Business Telephone Number ()	H. E-Mail Address	

Section II: Affidavit

I hereby declare that I am the person named in this application and that I have read the complete application and know the contents thereof. **I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.** I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an occupational therapist in the State of California.

Signature of Applicant

Date

Information Collection and Access – The Board's executive officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for advanced practice certification. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

SECTIONS VI, VII, AND VIII ARE FOR BOARD USE ONLY

Section VI: Written Portfolio Requirements – Hand Therapy Applicants – Checklist

- ☐ Anatomy of the upper extremity and how it is altered by pathology.
- ☐ Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.
- ☐ Muscle, sensory, vascular, and connective tissue physiology.
- ☐ Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, Internal forces of muscles, and the effects of external forces.
- ☐ The effects of temperature and electrical currents on nerve and connective tissue.
- ☐ Surgical procedures of the upper extremity and their postoperative course.
- ☐ Demonstration of completion of on the job training, clinical internship or affiliation.

Section VII: Written Portfolio Requirements – Physical Agent Modalities - Checklist

- ☐ Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.
- ☐ Principles of chemistry and physics related to the selected modality.
- ☐ Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.
- ☐ Guidelines for the preparation of the patient, including education about the process and possible outcomes of treatment.
- ☐ Safety rules and precautions related to the selected modality.
- ☐ Methods for documenting immediate and long-term effects of treatment.
- ☐ Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.
- ☐ Demonstrating of completion of on the job training, clinical internship or affiliation.

Section VIII: Written Portfolio Requirements – Swallowing Assessment, Evaluation and Intervention - Checklist

- ☐ Anatomy, physiology, and neurophysiology of the head and neck with focus on the structure and function of the aerodigestive tract.
- ☐ The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems.
- ☐ Interventions used to improve pharyngeal swallowing function.
- ☐ Demonstrating completion of on the job training, clinical internship or affiliation.

☐ Approved Date:

☐ No, deficient in the following areas: